The imaging characteristics of extranodal disease can be subtle or even absent on conventional CT imaging. (The most common extranodal sites of involvement being the stomach, spleen, tonsils, central nervous system (CNS), lung, bone, and skin)

Common misses include edge of field pathology on CT scans such as orbits, sinuses and cervical lymph nodes. Renal pathology associated with lymphoma can be missed without close attention to both the PET and CT portions of scans because of FDG excretion in the kidneys. Brown fat uptake in PET imaging may also obscure lymphomatous lesions.

In the context of CNS lymphoma, MR imaging is superior for the detection of extracerebral tumor deposits, meningeal and spinal cord involvement as CT imaging may miss a lesion.

Blind spots in Lymphoma Imaging: a pictorial review.
Dr Catherine A Johnson, Dr Louise Wing, Dr Nia Taylor

Diagnosis and management of lymphoma rely heavily on accurate reporting of imaging. Although PET-CT is the gold standard for diagnosis and follow up of high grade lymphomas, the initial diagnosis is often made on full body CT.

Nodal disease is the most common manifestation of lymphoma, however, extranodal involvement should not be forgotten and is seen frequently in new and recurrent disease. Extra nodal involvement may be seen in primary and disseminated systemic disease.

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Non-Hodgkin lymphoma is more common than Hodgkin lymphoma. The majority of non-Hodgkin patients are over the age of 55 when first diagnosed, and may arise in lymph nodes anywhere in the body. Typically it is diagnosed at an advanced stage. Hodgkin lymphoma typically begins in the upper body. It is often diagnosed at an early stage and is therefore considered one of the most treatable cancers.